

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <b>(FOR USE WITH FORM PTO-875)</b>						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	i						51			
2		i					52			
3		1					53			
4		i					54			
5							55			
6							56			
7		i					57			
8		i					58			
9		i					59			
10	i						60			
11		i					61			
12		i					62			
13	i						63			
14		i					64			
15		i					65			
16		i					66			
17	i						67			
18	i						68			
19	i						69			
20	i						70			
21	i						71			
22		i					72			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	7						TOTAL IND.			
TOTAL DEP.	15						TOTAL DEP.			
TOTAL CLAIMS	22						TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy